

NAME OF THE HOSPITAL: \_\_\_\_\_ 8.

Abruptio Placenta with Coagulation Defect – DIC: S4C1.4

1. Name of the Procedure: Abruptio Placenta with Coagulation Defect - DIC
2. Indication: Abruptio placenta with DIC
3. Does the patient have symptoms of abruption?
  - a. Hemodynamically not stable: Yes/No
  - b. Intense abdominal pain with severe bleeding p/v: Yes/No
  - c. Uterus feels tonically contracted: Yes/No
  - d. FHR abnormalities-fetal distress/absent FHR: Yes/No
4. If answer to questions 3a AND/OR 3b AND/OR 3c AND/OR 3d is Yes is there evidence of retro- placental clot demonstrated on USG: Yes/No (Upload USG report)
5. If the answer to question 4 is yes, then is there evidence of DIC confirmed through investigations like CBC with platelets, PT, APTT, Fibrinogen, FDP, LFT/ RFT: Yes/No (Upload reports)

For eligibility for Abruptio Placenta with Coagulation defect-DIC the answer to question 5 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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